

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **44066**

Registration District No. **830**

Primary Registration District No. **6091**

Registrar's No. **35**

1. PLACE OF BIRTH:

- (a) County: **Shelby**
(b) City or town: **Shelby**
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

(Specify whether

In this community: **40 years**

years, months or days)

8. (a) PRINT FULL NAME: **James Willis Butler**

3. (b) If veteran,

name war

8. (c) Social Security

No.

4. Sex: **Male** 5. Color or race: **white** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Maggie Butler** 6. (c) Age of husband or wife if

alive: **68** years

7. Birth date of deceased: **Feb 4 1867**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

73 **10** **27** hr. min.

9. Birthplace:

(City, town, or county)

(State or foreign country)

10. Usual occupation:

Farming

11. Industry or business:

12. Name:

John Butler

13. Birthplace:

(City, town, or county)

(State or foreign country)

14. Maiden name:

Not known

15. Birthplace:

(City, town, or county)

(State or foreign country)

16. (a) Informant:

Mrs Maggie Butler

(b) Address:

Shelby, Mo.

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof:

Jan 2 41

(c) Place: burial or cremation:

Brother's Cemetery

18. (a) Signature of funeral director:

William J. Sarkela

(b) Address:

Shelby, Mo.

19. (a) **Jan 8-41**

(Date received local registrar)

(b)

Ruth Joyner

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State: **Missouri** (b) County: **Shelby**
(c) City or town: **Rural**

(If outside city or town limits, write "RURAL")

(d) Street No. **Salt River turn**

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **31**
year **1940** hour **5** minute **2** M.

21. I hereby certify that I attended the deceased from **1937**
19 to **12-20-1940**

that I last saw him alive on **12-20-40** and that death occurred on the date and hour stated above.

Immediate cause of death:

Chronic nephritis 4 yrs.

Due to:

Valvular disease heart

Due to:

myocarditis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury:

23. Signature:

A. M. Hood

(M. D. or other)

Address:

Shelby, Mo.

Date signed **1-8-41**

RECEIVED

District Health Officer No. 10

District File Number 1-41-70

Date Filed JAN 13 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Henry G. Baskerville

Licensed Embalmer No.

3835

P. O. Address

Shelburne, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.